



## GUEST SPEAKER REQUEST FORM

DATE: \_\_\_\_\_

SPEAKER NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION REPRESENTING: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TOPIC OF DISCUSSION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*NOTE: Guest speaking presentations must be limited to five (5) minutes and are subject to Board approval.

Complete form and email to [Marketing@NewportUtilities.com](mailto:Marketing@NewportUtilities.com).